Paradigm of Practicing: Transforming the Culture of Healthcare

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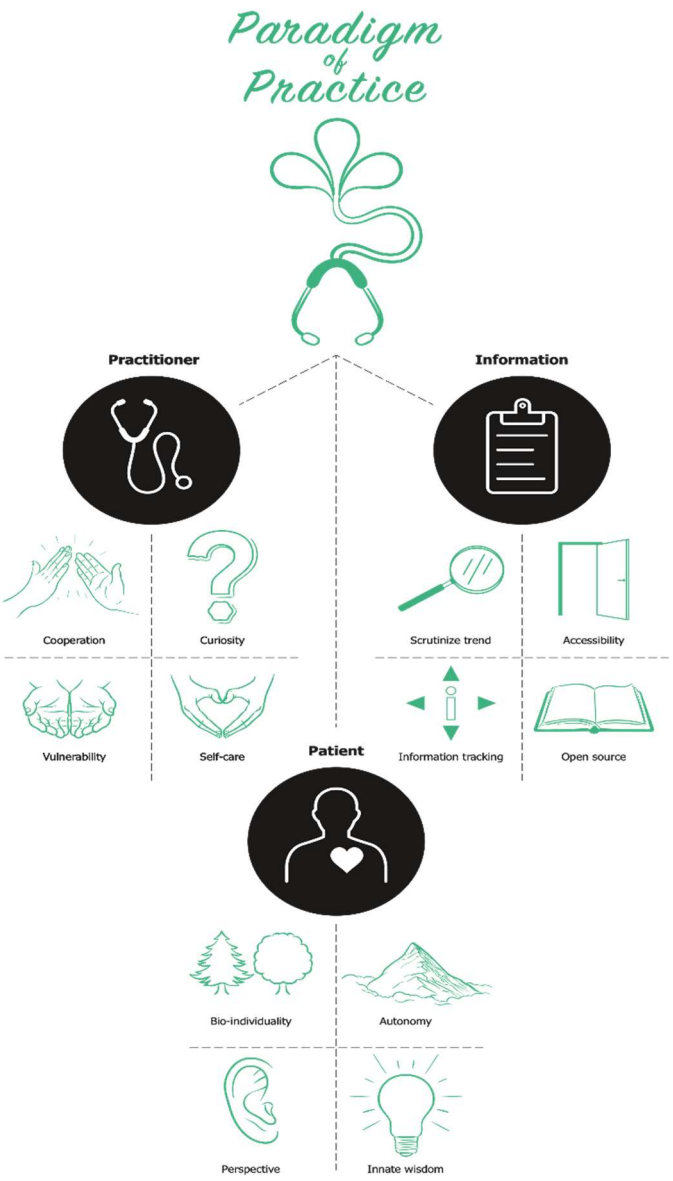
Introduction

There exists a mismatch between the current culture of healthcare and the regenerative goals of practitioners and patients. Unfortunately, this culture promotes qualities such as ego, competition [1], arrogance [2], self-sacrifice [3], unrealistic idealism, subservience, proprietary information, inaccessibility, and trend. These accepted behaviors negatively affect practitioner/practitioner interactions, the quality of care provided to patients [4], the way information is learned, presented, and incorporated into academia and clinical decision-making, and even the ability of practitioners to care for themselves [5]. What is the solution to this mismatched value system?

Paradigm of Practice (PoP) proposes a new culture of healthcare. Paradigm is a model, a pattern, a template. Practice is the practice of healthcare, and this encompasses medicine, nutrition, chiropractic manipulation, nursing, acupuncture, that is, the practice of all healthcare modalities. PoP organizes this cultural shift into the following three categories — the work and study of *practitioners*, the experience and role of *patients*, and the *information* that is used to inform us all [6].


Paradigm of Practice
Practitioner
Information
Cooperation
Curiosity
Scrutinize trend
Accessibility
Vulnerability
Self-care
Information tracking
Open source
Patient
Bio-individuality
Autonomy
Perspective
Innate wisdom

Practitioner

It is essential that practitioners in all fields begin to actively incorporate, and are ideally taught along with mandatory core subjects, the habitual qualities of curiosity, cooperation, vulnerability, and self-care. These attributes replace ego, competition, arrogance, and harmful self-sacrifice currently informing the healthcare model.

- When practitioners work with patients, interact with colleagues, or study new information, are they leading with ego and desire to be right? Or, genuine curiosity stemming from love of craft?
- Do practitioners feel jealous competition when interacting with peers that negatively effects their work? Or, are they attempting to work cooperatively with a shared sense of purpose?
- Do practitioners feel the need to always be right, to be the unquestioned experts in conversations with colleagues and patients? Or, are they able to express vulnerability and openly discuss unfamiliar subjects? Can they say, "I don't know?"
- Finally, are practitioners able to care for themselves? Do they take sufficient time to rest, explore new subjects, and step away from their career, when needed?

Patient

Every person is a patient. Time must be made for patient self-advocacy. Ideally, practitioners and patients work together as a communicative team to ensure patient's needs are met. PoP asks that bio-individuality, autonomy, practical recommendations, and trust in innate wisdom hold more focus than one-size-fits-all protocols, authoritarianism, idealist recommendations, and compliance.

- Each person is a bio-individual whose unique makeup must be respected. There is no one 'right' protocol. There exist multiple protocols for each individual in different times of life.
- Ultimately, patients are in charge of their decisions and lives. A practitioner's job is to advise and assist — not dictate — based on patient's wishes and life-course.
- Patient recommendations and prescriptions should never be more stressful than the problem to be solved.
- It is important to help patients interpret and communicate their own innate wisdom instead of relying on compliance. Compliance is blindly following rules while innate wisdom is understanding personal physiology and cooperatively adjusting protocols accordingly.

Information

Information refers to the knowledge that informs our decisions as practitioners and patients. There are ways to improve our ability to both *gather* and *apply* information. If we collectively approach information with a new perspective we become better educated and *educate-able* practitioners and more confident patients — we're able to join together to create an informed, communicative team.

- Promote open source information and information sharing. Propriety protocols, formulations, and research are severely limiting our ability to learn and grow medical knowledge. This hurts us all. Abandon pay-wall mentality and adopt as practice the adage ‘a rising tide lifts all boats.’
- Information must be communicated in way that the majority can understand and practically apply. An unintentional veil of assumptions and medical language separates practitioners and patients.
- Closely scrutinize trend. Aim for a foundation based approach backed by due diligence. Make it a habit to ask, where did the information come from and how is it applicable to my patient base? Just because a diet or drug is popular doesn’t mean it’s accurate or applicable.
- Practice information tracking. Citation is radically important! Information tracking takes collective knowledge from the realm of trend and commonly accepted practices into a broader context of accuracy, whether the source be personal experience, traditional/ancestral practice, anecdotal/clinical experience, or scientific research.

Fortunately, a larger conversation of cultural shifts in healthcare is in motion. In 2013 the Francis Inquiry report revealed the underlying causes of poor care at Mid Staffordshire National Health Service Foundation Trust in the UK. Between 400 and 1,200 patients died within a four-year period, with the main cause listed as understaffed, undertrained personnel working without proper management. Along with recommendations to remedy the concrete lack of medical care, the report goes on *to urge a shift in culture*, with focus on openness and transparency, provider cooperation, and information sharing [7]. A quick response focused only on the cultural points of the report by Davies and Mannion [8] is evidence of active interest in this topic within the broader academic community. Further, examination of widespread mistreatment of medical school students [9], questioning the high-stakes competition of medical school as a contribution to physician ego [10], the national bestselling discussion of patient autonomy by Dr. Atul Gawande, *Being Mortal*, and the efforts of The Center for Open Science to create an unbiased, open model for the betterment of scientific information all emphatically point to multi-field interest in healthcare-focused paradigm change.

Paradigm of Practice is an actionable plan to accelerate this shift. The incredible advances being made in medicine can be housed in a fitting context, one that respects the same foundational and bio-individual ideals through which patients are addressed in practice. By working together, a wellness-promoting, as opposed to a wellness-degrading, context can be created in which to practice, receive, and learn healthcare.

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